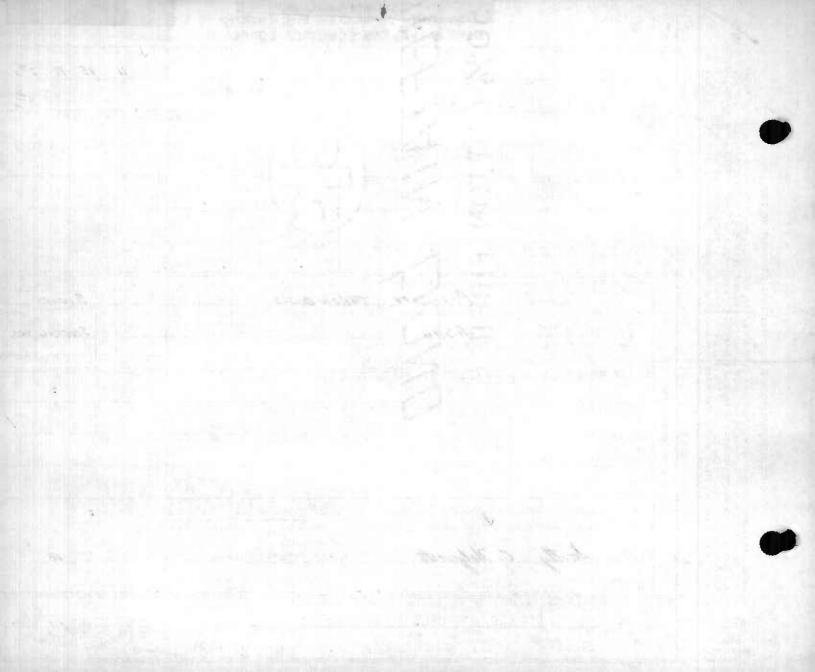
1 - STATE

FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HELLEN MARC AVIDERAL SERVICE Francis White Ot 6 1906 75 May ____ U.S.A. ___ x____ Water 12.6 Derlin _ Sperka Naroling Home _ Horse wife _ Holine Mich with more Shill bory - X 668 Key new Think Jessielle Lagton Maine - Deelviel No 17 Court Mosters the Inchinese Types 12 Ducks 111/21/21 Everyment Cometing Ducket House

		FOR		100	DEPARTMENT	STATE OF	MARYLANTH AND MI	ND ENTAL H	IYGIENE	9	3	0	, 3	2
- 1		STATE REGISTRAR			DICAL EXA				-	H	REG. NO.			
ı		CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAST		20.	DATE KNO		MONTH [DAY YEAR	2b. HOUR
		EMME			LARD	C	ANNON.	SR.		DEATH MA	TED [15 1981	75 N
273	3. SE)	4. RA	CE	5. DATE OF BIRTH		BIRTHDAY) MO	UNDER I YR.	IF UNDER		DATE		ONTH	DAY YEAR	2d. HOUR
			hite	1/17/19		5 YRS.				DEAD	Nov.	15	198]	3-1 1
	FO	RTHPLACE (STATE O	K	76. CITIZEN OF WE	1AI COUNTRY?		RRIED NE		IED [BALTIMORE	_	COUNTY (OF DEATH	
		ginia TY OR TOWN OF D	FATH	USA 11. NAME OF HOS	DITAL NILIDSING		THER INICTITUE	DIVORC		ORCES		112h	KIND OF B	MD
SI	nc	w Hill		Rt. 2	Lukes	Lane	THER INSTITU	TION	FOR MOS	of working Sawer		100	OR INDUS	TRY
1	130 S	i residence (# IN) Yland	WORC	ROTHER INSTITUTION, GIV TY ester	130. CITY OR TO	Hill	13d. INSIDE CI	NO []	13e. STREET	ADDRESS 2.	Luke	es L	ane	
1	4. FA	THER'S NAME			LAST		15. MOTHE	R'S MAIDE		MIDDLE			LAST	
		John	Fran	klin	Can	non		Virg	jie	Bel		Lu	pkin	
	16a. V	/AS DECEASED EVE (S, NO, OR UNKNOWN)	RIN U.S. ARA	WED FORCES?	16b. SOCIAL SE		17. INFORM	TAAN			DDRESS	same	-	3
1	0				228-10	-3475	Mrs.	Mar	y F.	Cann	on (v	wife		
		18 CAUSE OF DEA	ATH (Enter on	y ane couse per line	far (o), (b), ond (c).)							APPROXIMAT BETWEEN ONS	TE INTERVAL
		11 1 1 1		E CAUSE (a)	ORONAR		ROM BO	315					3 HOUR	es
l		Canditions, if	any, which	DUE TO, OR	AS A CONSEQUI	NCE OF								
	_	gave rise to cause (o) stati	immediate	(p)	SHO								SEVERA	L YRS
١		lying couse la			AS A CONSEQUE	NCE OF								
		PART 2 OTNER SIGNIFIC	ANT CONDITIONS	(c) CONTRIBUTING TO OEATN I	BUT NOT RELATED TO T	NE TERMINAL OISE	ASE OR CONDITION	N GIVEN IN PAI	RT 1 (a),					
į	CERTIFICATION							911		1.14				
	ICAI	19a. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH	OPERATION	WAS PERFOR	MED?				7	20 AUTOPSY	(?
4	RTIF	21a EXTERNAL CA	IICE WAS	21b. TIME OF	INTITION	I c.							YES 🗌	NO M
	AL CE	UNDERLYING CONTRIBUTING			MONTH DAY	YEAR	HOW INJURY	OCCURRE	D (ENTERNATI	URE OF INJURY IN	N ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d INJURY OCCU	RRED	21e PLACE C	FINJURY (ATH	19 DME, 21f. L	OCATION							
	ME	WHILE AT WORK AT	WORK	STREET, FACT	ORY, FARM, ETC.)		STREET		C	ITY OR TOWN		COUNTY		STATE
				e af the remains des	cribed obove, hele	dan Auto	apsy [].	Inspection	n 🗆 x	Inquiry 🔲	X ond in	my opinio	on	
		death resulted fro		al couses 🗹	Accident .	Suicide [, Hamic			nined monner		.,		
		ACTUAL	1				TITLE (SI	PECIFY)						1
Į		ACTUAL SIGNATURE	rolly	C. Hel	worth		M.D. Dep	uty	MEDICA	LEXAMINER	2	DATE SIGNED.	11/18	/81
j	nem)	EXAMINER'S NAM	E	1				IN.						
	00.	(TYPE OR PRINT)	Doro	thy Holz							t., S	now	Hill	Md,
	(5	JRIAL, CREMATION					OR CREMATO		23d. LOCA	NWO		COUNTY		TATE
		urial UNERAL DIRECTOR		11/20/81	IMt. (live	Cemet	erv	REC'D. BY PE	GISTRAR 25	orces	ter	Co.,	Md.
			JNERA	L HOME	Salisbu	ary, M	id.	MOI			sinces	Lan	Taith	the
_						4 , -		MU	1401	30101	9,000	4	-	



16			STATE OF MARYLAND	0 2 2
K 12		OR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	0 4 3 3
3		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE 20. DATE KNOWN MON	TH DAY YEAR 25 HOUR
SARY, PIEASE AL DIRECTOR. OUR FILES. IN 'TE HOURS		Norman	F. Colebourn OF ESTI-	1 2 19 81 600
PLEA ECTO P FILE HOUI	3. SEX		DATE OF BIRTH 6. AGE (IN YEAR) IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	Zu. HOOK
P DIR		MINI	-eb 8 1908 73 yrs. DEAD //	2 1981 6FM
NECESSARY FUNERAL DIF	7a. Bi	THPLACE (STATE OR PEIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	JNTY OF DEATH
A NOT	2	Va.	U. J. H WIDOWED DIVORCED Worce:	ster MD.
S HO	10. C	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WO	OR INDUSTRY
DELAY N PAC N PAC DS 30	V	ean CIU	E. Torquay Kd. Waterman	Scatood,
C ' Z G & .	13a. S	ATE 1 UN COUNTY	THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	-
IF AND SHOUL RECO	11.5	Del 1 2022		2
DEATH.	14, 17	THER'S NAME	IDDLE 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
A A S G G G G G G G G G G G G G G G G G	160 \	AS DECEASED EVER IN U.S. ARMED	OFORCES? TIBE SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	STEWART
BALTIMORE, MD. 2 IRS AFTER DEATH. 1 GIVE PAGES 1, 2, WITH FORM PM 3 PAGES 1 AND 2 S PINISION OF VINAL	100. (Y	S, NO, OR UNINOUN) (IF YES, GIVE WAR	(ORDATES)	Unal Dal
RS A GIV VITH PAG IVISI		NU	KIJAK 1 103 11-185 EM 1143, COJE DOUTH UIC	APPROXIMATE INTERVAL
ST., BAI HOURS A 18. G WIT. PA		18. CAUSE OF DEATH (Enter only a PART I DEATH WAS CAUSED BY	ne cause per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
ON S		1991 IMMEDIATE C	AUSE (a) CAPDIO PULMONARY ARREST	
PRESTON WITHIN 24 JUCIE IN ITER JUCIE ALD RANSIT PER TAL HYGIEN MOVAL.		Conditions, if any, which	(b) TERMINAL CANCER	
I W. PRE ED WITH PENCIL RAMINEI AL-TRANS AENTAL REMON		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
FALRECORDS, 301 W. PRESTON ST., BALTIMORE, MI HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEAT ID "PENDING" IN PENCIL IN 1TEM 1B. GIVE PAGES I HIEF MEDICAL EXAMINER ALONG WITH FORM PW USED AS A BURIAL-TRANSIT PERMIT. PAGES I AND EN HEALTH AND MENTAL HYGIENE, DIVISION OF VIII IL, CREMATION, OR REMOVAL.		lying couse last.		
EXECLENCY IN WG" IN WG" IN A BUR		PART 2 OTNER SIGNIFICANT CONDITIONS CON	(c) REBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III.	
ECORDS D BE EXE ENDING MEDICA ARDICA ARDICA ENATIO	Z	GASTRIC	LIVER + ESOPHAGEAL CARCINOMA	
LREC DULD B VPEN MEF AN HEAL CREW	ATK	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE! RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL R 3 SHOULD BE USED AS A BU E 3 SHOULD BE USED AS A BU E DEPARTMENT OF HEALTH AN BU PRIOR TO BURRAL, CREMATION	MEDICAL CERTIFICATION	10/15/81	DIAGNOSTIC FOR CA.	YES NO
OF VITA OF VITA THE SHC THE CHI LD BE US AENT OF BURIAL	ER	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) O	
ON ON THE TO THE HOUL	×	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR THE P.M. 19	
CERTI TING DED 1 3 SH DEPA DEPA	EDIC	214 INTURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVISION OF VITAL CAL EXAMINER: THIS CERTIFICATE SHO THE CERTIFICATE, WRITING THE WORD SHOULD BE FORWARDED TO THE CHI ERAL DIRECTOR: PAGE 3 SHOULD BE EATH, WITH THE STATE DEPARTMENT OF RE, MARYLAND, 21201 PRIOR TO BURIAL,	Z	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN	COUNTY STATE
R: TH			the remains described above, held an Autopsy . Inspection . Inquiry . ond in my	vonining
S HE POST		death resulted from: Notural of		, opinion
EXAMINEI CERTIFICA JLD BE FG DIRECTOR WITH THE ARYLAND,		deam resoned from: Notorol C	Solicide E. Hollington Solicide E. Solicid	1.1
MAN VANA		SIGNATURE L. MARCH	My - Daywww Deputy MEDICAL EXAMINER SIG	TE 11/2/81
SH S		100	A 1 Ou 1 O	/ 11/ 0.01/4
PER DE LA PER DE	4	EXAMINER'S NAME TIM I	AINUM MD. ADDRESS 16 E Phila. Genuch	4, Md. 21842
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21;	23a.B	IRIAL, CREMATION, REMOVAL 236, I	DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY / STATE / 1
BP		BUYIN 1	15/81 Buckingham Cemetery Berlin Word	cester Md.
DHMH - 17	24. F	MARAL DIRECTOR	APORESS 256. DATE REC'D. BY REGISTRAR 256. REGISTRAR	'S SIGNATURE
(VR A15 ME (5)) 30M 7/73		Tonna 17/	Durkage Derlin, Md. NUV 5 1981 Beines	en Thather

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STATE OF MARYLAND

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Mary Larger St. PLUTE METHODISK INFORMATION MAKET APPRIOSELLANTE C-V-D 15 MEL MANAGE PARTIEMENT VIPE EVENTED TO SEE SEE STEEL SEED OF THE - 18 H ADV 2561 - 18-E-11 18-4-11 × m + 4-81 forms in incommunity. 100 May recome, there will, everyond along Line of the second seco THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

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MPORTANT: If Item 21 is morked

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR	CERTIF	ICATE OF DEATH	REG. N	0.	
	(TYPE	CEASED NAME FIRST MARK	RIE D. FI	WK	2a DATE OF DEATH	MONTH DAY	1981 2:00 pm
	3 SEX	Female	white 5. DATE O	- 2-1896	6. AGE (IN YEARS LAST BIR	YRS.	
2	RE	ennsylvania	HYERICA WIDOWE	DIVORCED D	BALTIMORE CITY O	ester	Cty. MD.
)	K	TY OR TOWN OF DEATH IT OF TOW	NAME OF HOSPITAL, NURSING HOME O	NA HOME	126 USUAL OCCUPATI (TYPE) WORK FOR MOST C		KIND OF BUSINESS OR DUSTRY
4	13a S	MD. 136. COUNTY		YES NO X	BX 2210	Ocean	Pines,
7			wn	15 MOTHER'S MAIDEN NAM	KNOW.	N	LAST
		AS DECEASED EVER IN U.S. ARMED ES, NO OR UNKNOWN! (IF YES, GIVE WA		L BERUNA	Jues. Hor	nc, Rt	3. ROX123
		18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	1 8 1 1 1	arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (b) CHARLES A	why thereis			
		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF				
	NOI	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN I	PART I(o)
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO		E FINDINGS USED CAUSES OF DEATH? NO
	EDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21t. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)
	ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF TO	WN CO	RINTY STATE

22a.1 certify that (I) (this haspital) attended the deceased from 22b. SIGNATUIL

DEGREE

ATTENDING PHYSICIAN

MEDICAL STAFF PHYSICIAN [DIRECTOR

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

, that (I) (we) lost

22d. PHYSICIAN SNAME

NOT WHILE

22e. ADDRESS

231 NAME OF CEMETERY OR CREMATORY

3P	CKEILIAT
	24 FUNERAL DIRECTOR

NAME

23a. BURNAL, CREMATION, REP

USPESSELL MA

WHILE

23b. DATE

25a. DATE

TRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to

ATTENDING

MANE DE FLAK 13-4-11 Pages years with the page of the control of the con pesonal matter (1975) As a second poly of the THE PROPERTY OF THE PROPERTY O THE CANADA PROPERTY OF THE PROPERTY AND A CONTROL OF THE PROPERTY OF THE PROPE Market Comment of the See Property and the second se

STATROF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTR. REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED Carlton John Grav 22 19 4. RACE DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 2:25A 2. 19 50YRS June DEAD Male White 22 19 8 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED K FOREIGN COLINTRY Worcester County, A KIND OF BUSINESS Maryland IISA WIDOWED DIVORCED A PM 3. RETAIN PAGES (NO 2 SHOULD BE FILE) II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Horse Groom Backcreek Road Racing Bishopsville 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Worcester Bishopville Back Creek Road Maryland NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Searus Edna Gray Gray DIVISIONO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS EYES, NO. OR UNKNOWN) 218-30-5181 No Tilghman Gray. Bishopville, MD 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) E CHEF MEDICAL EXAMINER ALONG W BE USED AS A BURIAL - TRANSIT PERMIT. NI OF HEALTH AND MENTAL HYGIENE, DI BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Smoke & soot inhalation & Acute carbon monoxide ntoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if vany, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING TO OR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:15 House fire 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. III. LOCATION AT WORK AT WOR STREET, FACTORY, FARM, ETC.) Bishopsville Worcester Backcreek Rd. Md. home 27s. I certify thos sibed above, held an death result Undetermined monner M. Denuty Chiefedical ExaminER 11/23/811 SIGNATOR EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., Md. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Buria. Fellows Bishopville BP Word UNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 2/80

Te fiel , d emula ryland derester Historyille x back Creek Apro Ele-30-5151 Tilghan Gray, Bluhopville, M.

. orco. . elliveonit callent ode Pellina chinaville, coro. .

W			FOR STATE	STATE OF MARYLA DEPARTMENT OF HEALTH AND A		0 4 5 8
			REGISTRAR	MEDICAL EXAMINER'S CERTIF	ICATE OF DEATH REG. NO.	
	ET R.S. P.	(TYF	CEASED NAME FIRST Harry	Durand Phill	10. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR 11-181981 8 PM
	S NEGSSARY, PEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. D. WITHIN 72 HOURS W PRESION STREET	3. SE	Tale White 2	OF BIRTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS YRS.	HOURS MIN. PRONOUNCED DEAD	MONTH DAY YEAR 74 HOUR 5730 PM
•	E FUNERA E 5 FOR E 5 FOR ED, WITHII	1	Irginia Irginia	E OF HOSPITAL, NURSING HOME, OR OTHER INSTIT	NEVER MARRIED 7 BALTIMORE CITY OR DIVORCED 120. USUAL OCCUPATION (1995 O	cester MD.
	ZEO BO	3	NOW HILL RESIDENCE (IF IN NURSING HOME OR OTHER IN	T 2 - BOX 79C	FOR MOST OF WORKING LIFE	Truck fam
5. 21201	ATH. IF ANY DELA ST. 2, AND 3 TO PM. 3. RETAIN PA ND 2 SHOULD BE F NOTAL RECORDS.	130 5	Parybny Worce	STEP Show HILL 13d. INSIDE	E (ITY LIMITS? 13e STREET ADDRESS	
ORE, MD.	JRS AFTER DEATH. B. GIVE PAGES 1, 2 WITH FORM PM 3 T. PAGES 1 AND 2 DIVISION OF VITA		THERS NAME DUPON WAS DECEASED EVER IN U.S. ARMED FOR	cil Phillips	HER'S MAIDEN NAME FIRST MAPY RMANT ADDRESS	Davis
BALTIMORE,	DURS AFTER DEATH. 18. GIVE PAGES 1. WITH FORM PM. WIT. PAGES 1 AND 2. DIVISION OF VITA		ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DA	213055796 Li	lian Mae Phillips	Snew Hill, He
PRESTON ST.,	24 HOURS TEM 1B. G ONG WIT PERMIT. P. SIENE, DIV	3	18. CAUSE OF DEATH (Enter only one co PART I DEATH WAS CAUSED BY:	(0) CARDIAC ARRES	,	BETWEEN ONSET AND DEATH
V. PREST	WITHIN SINER ALL IN INER ALL IN INER ALL IN INER ALL IN INER ALL IN	-	Canditians, if any, which gave rise to immediate	JE TO, OR AS A CONSEQUENCE OF (b) SIN US BRADY CAR JE TO, OR AS A CONSEQUENCE OF	7.0/A	SEV. YEARS
05, 201 V	ECUTED 5" IN PE AL EXAM IURIAL-1 IND MEN		lying cause last.	(c)	MAN CHEN IN SANT	
ORI	SA B SEM	2	TONE TO THE CONDITIONS CONTROLL	Danser Comment		
TAL REC	HOULD ERD "PEN HIEF MI USED A. OF HEAL	CERTIFICATION	190. DATE OF OPERATION	CONDITION FOR WHICH OPERATION WAS PERFO	WAN IT ION DRMED?	20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201 W.	FICATE S THE WO OUTHE C OULD BE RTMENT			D. TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAGE	
DIVISIO	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG V TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BANNER, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	MEDICAL		e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	MINER: I TIFICATE, BE FORV ECTOR: P TH THE SI YLAND,		22s. I certify that I taak charge of the c death resulted fram: Natural cause:		Inspection . Inquiry . and micide . Undetermined manner .	in my apinian
	CAL EXA THE CER SHOULD RAL DIR ATH, WI RE, MAR		ACTUAL SIGNATURE SOLETHING	1 4/1 -4/	(SPECIFY) MEDICAL EXAMINER	DATE SIGNED
	O MEDI XECUTE AGE 4 (O FUNE VETER DE		EXAMINER'S NAME DOROTHY	C. HOLZWORTH ADDRESS		HILL, Mo.
	BP	- (URIAL, CREMATION, REMOVAL 236. DATE BHY 12 UNERAL DIRECTOR	4-81 MT ZION M	123d. LOCATION CITY OR TOWN 1250. DAJE REC'D. BY REGISTRAR 1250. REGIST	Mary Jand RAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5)) 15M 2/80	1	Yorman F. Den	NIS, Snow Hill, Ma	250. DATE REC'D. BY REGISTRAR 256. REGIST	u ganllaru.

Harry Darsond Phillips I Waster St. Virginia and 18 th and the state of the Super Hill Rt2-Bex 71/2 Marine Thomas 1994 Maryond Weerster Some Him Durand Could Fralling Have Vinger Dung 2.3 milly Lillian Has Phillips, Sie William 1341131 11-2-57 Pet Zier, Meth. Soven: Hill Hary Jane

6	1-	FOR STATE REGISTRAR	DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL I NER'S CERTIFICATE (DEDEATH	0 4 5 9
		CEASED NAME FIRST VEOR PRINT) (14 RACE 15. DA	MIDDLE JE OF BIRTH 6 AGE (IN	Richardson Years I Funder 1 Vr. I funder	20. DATE KNOWN OF ESTI- DEATH MATED CONTROL R 24 HRS. 24. DATE	MONTH DAY YEAR 26 HOUR PAR ADNITH DAY YEAR 24 HOUR
Par	1	ale White 1/2	1 49 417 -1	PRS. MARRIED NEVER MARR	RIED -	COUNTY OF DEATH
Y DELAY IS NE AND PAGE 5. ILD BE FILED, W DRDS, 201 W	USU.		AME OF HOSPITAL, NURSING HOLE FOR INSUCH FACILITY, CALESTORES ADDRESS AND THE STREET ADDRES	(3)	12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) 13a. STREET ADDRESS	WORK 126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY DELA GIVE PAGES 1. 2, AND 3 TO THE FORM PM 3. REALIN PA PAGES 1 AND 2 SHOULD BE F IVISION OF VITAL RECORDS.	14 F.	ATHERS NAME FIRST WAS DECEASED EVER IN U.S. ARMED FOR EN WN) (IFYES GYESMAROR	ester Girdle Richard ORCES? 166. SOCIAL SECUR PAISS.	YES NO PER SMAID 15 MOTHER'S MAID FIRST 17. INFORMANT	EN NAME MIDDLE	Killmen
: 5 % \$ -0		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	JSE (o) CVA	4/24/Charle	s L, Kichards	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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AL RECOR	CERTIFICATION	PART 2 OTHER SIGNIFICANT (DINDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TE		ART I (a.	20 AUTOPSY? YES □ NO W
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WINER: THINTIFICATE, WE FORWA BE FORWA ECTOR: PAC TH THE STAT		AT WORK AT WORK 220. I certify that I took charge of the death resulted from: Natural course.		Autopsy , Inspectic Suicide , Hamicide ,	Undetermined manner .	n my opinion
TO MEDICAL EXA TO MEDICAL EXA PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI	7	EXAMINER'S NAME DOKO THY	C. HOLZIN OZTH	M.D. DEPUTY ADDRESS 309	MEDICAL EXAMINER TOMMONS ST. S	EXAM HILL MD.
BP		URIAL, CREMATION, REMOVAL 236. DA Byrial UNERAL DIRECTOR Norman F Den	TE 234. NAME OF C	pobill Neth	RECID. BY REGISTRAR 23b REGIST 6 1981 Chapter	RAR'S SIGNATURE
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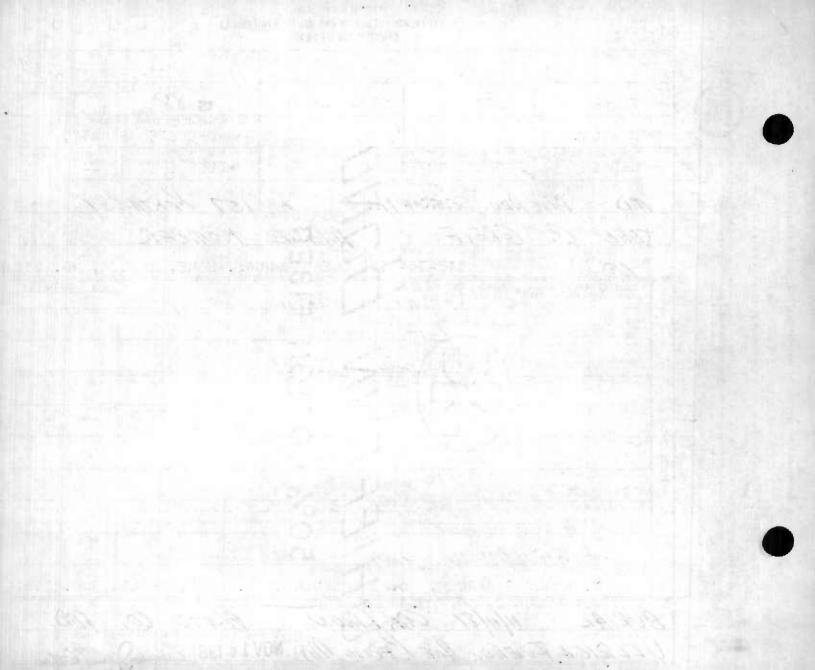
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)



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AL RECO	s b	8 shows	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING	GS USED DF DEATH?
OF VIT	ysicia yysicia certific transi	or Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A		AY YEAR	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)	
DIVISION OF VITAL RECORDS,	ENDING PH or attending p DR: After this is as the burineealth and Me	marked o	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
0	Ne Rest	21 is i		22a.1 certify that (1) (this haspi	tal) attended th	ne deceased fram.		, 19	, to		9, th	nat (I) (we) last
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINTS ESTI-DEATH MATED 1981 WATERS Elnora Irene SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE ST ARTHDAY) Blk. 7,1924 PRONOUNCED F. May DEAD 108/ 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. Worcestor WIDOWED DIVORCED 2, AND 3 TO THE FUR 3. RETAIN PAGE 2 SHOULD BE FILED, AL RECORDS, 201 V PO CO MOKE 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewi fe Donestic USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATEM d. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Worcestor Pocomoke Rt.1 Box 350 YES 3 NO I 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME GES 1, 2 M PM 3 LAST LAST William Peeples Golde Taylor 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO. (YES, NO. OR LINKNOWN) (JE YES GIVE WAR OR DATES) 215-20-1010 no Gladstone Waters Pocomoke, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY MENTAL HYGIENE ACUTE PULMONARY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which SEVERAL YES gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A E CERTIFICATION AMER: THIS CENTROLLING THE COATE, WRITING THE COARWARDED TO THE COARWARDED TO THE COARWARD TO THE COARWARD TO THE COARWARD TO BURNAL, COARWARD TO 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO N 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: 19
EXECUTE THE CERTIFICATE, 19
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE SIST
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian death resulted fram: Natural couses Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNED_11- 14- 81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME C. HOLZWORTH TIMMONS (TYPE OR PRINT) ADDRESS 309 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Trinity Meth. Cem. Pocomoke Worcestor. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Accomac, Va. 23301 VR A15 ME (5)) 15M 2/80

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